



SCHOOL OF NURSING

University of Medicine & Dentistry of New Jersey

Office of Enrollment Services

65 Bergen Street, Room 152 • PO Box 1709 Newark, NJ 07101

Phone: 973-972-5336 • Fax: 973-972-7453

Authorization to Disclose the Result of Drug Testing & Request Lab Forms

Some University-affiliated clinical facilities require students to undergo drug testing prior to placement at the site. Consequently, in order to complete your educational program at UMDNJ, the performance of a drug test (or drug tests) may be required; UMDNJ engages the services of a consumer reporting agency to conduct drug testing through a diagnostic testing laboratory. Clinical facilities may require disclosure of a student's drug test by the University prior to permitting the student to participate in the educational program at the facility.

\* Required fields

\*First Name: \_\_\_\_\_

\*Last Name: \_\_\_\_\_

\*Student ID#: A00 \_\_\_\_\_

Daytime Phone #: (\_\_\_\_) \_\_\_\_\_

Degree (BSN, MSN...): \_\_\_\_\_

Track (Adult Health, Family Health...): \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Dates of expected rotation: \_\_\_\_\_

Track Advisor / Clinical Coordinator: \_\_\_\_\_

Please indicate the Lab you will be attending

LABCORP (1-800-833-3984)

Quest(1-800-877-7484)

Please call the 800 # for specific locations and hours of operation.

Please send the Lab form to:

My Mailing Address

My Program

I will pickup at Enrollment Services

Please read and sign the following authorization statement:

I hereby authorize UMDNJ to disclose the results of drug test(s) that may be required by a clinical facility(ies) to satisfy the requirements for placement prior to the start of, or during, my educational program at such facilities. I release UMDNJ, its affiliated entities, employees and agents from all liability for disclosing the information related to the drug test(s) and for acting based on such information and/or reports.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

The results of the tests will be forwarded to Enrollment Services then a copy will be e-mailed directly to the students UMDNJ e-mail account & Track Advisor/Clinical Coordinator. Students will be charged \$34 to their student account once testing has taken place. For any questions, please contact Enrollment Services at (973) 972-5336.

Please submit signed form to School of Nursing Enrollment Services

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ENROLLMENT SERVICES USE ONLY

Enrollment Services Signature \_\_\_\_\_ Date \_\_\_\_\_

http://sn.umdj.edu

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